

**Note:** Please fill out completely.

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National Business Center  
Department of the Interior  
OS/OST Vendor Updating Document

Date: \_\_\_\_\_

Attention:  
Phone #  
FAX

**Vend Type:**

\_\_\_\_\_(G) Federal Gov  
\_\_\_\_\_(S) State Gov  
\_\_\_\_\_(N) Private Sector  
\_\_\_\_\_(E) Employee / Interns  
\_\_\_\_\_(V) Volunteer / Invitational Travelers  
\_\_\_\_\_(I) Imprest Cashier

From: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

Vendor # : \_\_\_\_\_

or \_\_\_\_\_ (If already entered in FFS)

Duns # : \_\_\_\_\_

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**Vendors**

24 characters max per line including spaces

Vendor Name: \_\_\_\_\_

DBA: \_\_\_\_\_

(The name should be exactly as it was issued on your TIN / EIN)

**TIN / EIN #** \_\_\_\_\_ **or** **SSN #** \_\_\_\_\_  
Required Required

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

Address Line 4: \_\_\_\_\_

City State Zip

**1099 Vendor:** Yes \_\_\_\_\_ No \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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**Employee / Volunteer / Interns**

24 characters max per line Including spaces

**/ Invitational Travelers**

Employee Name: \_\_\_\_\_

(Name should be exactly as it appears on your Social Security Card)

**SSN #:** \_\_\_\_\_ **Home Org Code:** \_\_\_\_\_ ( 4 digits for OS )  
Required Required

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

Address Line 4: \_\_\_\_\_

City State Zip

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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**ACH Bank Information ( Required )**

**Financial Institution Information**

Check if new: \_\_\_\_\_

Waiver Requested: \_\_\_\_\_ ( to follow via fax)

Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City State Zip

ACH Coordinator Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Nine Digit Routing Number: \_\_\_\_\_

Depositor Account Number: \_\_\_\_\_

**Depositor Account Title:** \_\_\_\_\_